

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-02-2002 90089 048 ***150.00

DOCUMENT # P01000005596

1. Entity Name

FLORIDA BROKERAGE CORPORATION

Principal Place of Business

**4190 BELFORT RD. STE 300
JACKSONVILLE FL 32216**

Mailing Address

**4190 BELFORT RD. STE 300
JACKSONVILLE FL 32216**

20765



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3598069

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, TODD ESQ**7785 BAYMEADOWS WAY, STE 107
JACKSONVILLE FL 32257**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORRESTER, WILLIAM M JR 4190 BELFORT RD, STE 300 JACKSONVILLE FL 32216	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment
20765
APD100 0005596
1030

Department of State

Check Number: 1030
Check Date: Mar 19,

Check Amount: \$150.00

Item to be Paid -

Discount Amount Paid

Uniform Bus. Report 2002

150.00

THE JACKSONVILLE BANK
JACKSONVILLE, FLORIDA 32257

1030

FLORIDA BROKERAGE CORPORATION

2/01

4190 BELFORT RD. SUITE 300
JACKSONVILLE, FL 32216

63-1449/630
01

PAY

Mar 19, 2002 *****\$150.00*

DATE

AMOUNT

Memo: 2002 Uniform Business Report
One Hundred Fifty and 0/100 Dollars

TO THE
ORDER Department of State
OF: Uniform Business Report
P.O. Box 1500
Tallahassee, FL 32302-1500

Jim Smith

⑈001030⑈ ⑆063014499⑆ 0000001568⑈